

Revision for Grant Project Number:

Date:

BUDGET SUMMARY FORM

BUDGET CATEGORY	CURRENT APPROVED BUDGET	PROPOSED REVISION
PERSONNEL: (LIST EACH POSITION TO BE FUNDED)		
A. _____ N or E		
B. _____ N or E		
C. _____ N or E		
D. _____ N or E		
SUBTOTAL		
FRINGE BENEFITS:		
A. FICA		
B. Unemployment Insurance		
C. Health Insurance		
D. Other (Specify) _____		
SUBTOTAL		
TRAVEL:		
A. Local Transportation		
B. Other (Specify) _____		
SUBTOTAL		
SUPPLIES AND COMMUNICATIONS:		
A. Supplies (Specify in budget narrative)		
B. Telephone Expense		
C. Postage		
D. Printing		
SUBTOTAL		
FACILITY COSTS:		
A. Rent		
B. Utilities		
C. Other (Specify) _____		
SUBTOTAL		
EQUIPMENT:		
A. Equipment/Other Fixed Assets		
B. Equipment Repair & Maintenance		
C. Furniture		
SUBTOTAL		
CONTRACTUAL SERVICES:		
A. _____		
B. _____		
C. _____		
SUBTOTAL		
OTHER:		
A. Direct Assistance to Victims (Specify in budget narrative)		
B. Training Costs (Specify in budget narrative)		
C. _____		
SUBTOTAL		
TOTAL REQUEST:		

Signature of Authorized Agency Representative